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A guide for respiratory physiotherapy postgraduate education - Presentation of the Harmonised Curriculum

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Abstract:	

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Harmonising education is one of the most important challenges to ensure mobility of health care professionals across countries and regions of the world. While patients are affected by the same diseases, the health care systems in which they are cared for are very different and the health care providers within these systems are trained very differently. Health education in many countries is largely based on tradition. This is true for most medical specialities, as well as for physical therapy education [1], including respiratory physiotherapy. The responsibilities and the degree of professional and academic training vary widely across countries and regions [2]. While all educational programmes are likely fit for purpose within a given health care system, the variability in knowledge, skills, and attitudes makes mobility and cross-certification difficult, if not impossible. In addition the growing body of evidence for respiratory physiotherapy [3] makes it all the more important to foresee a framework for postgraduate training that prepares the workforce for the future [4]. For a global organization such as the European Respiratory Society (ERS), it also challenging to design postgraduate education that matches the level of knowledge and skills of all members. The ERS has a long tradition of providing such frameworks for harmonised education and training in respiratory medicine [5]. Figure 1 provides an overview of all available curricula and certified training programmes.

The design of a European (or global) curriculum for respiratory physiotherapy provides a platform for educational tracks in order to match specific educational programmes to the current consensus of what is expected from a trained respiratory physiotherapist. It also makes suggestions as to how the knowledge, skills and attitudes can be obtained and at which level they should be examined. Importantly, this curriculum also provides third parties (chest physicians, general practitioners, nurses, thoracic surgeons, intensivists, funders and patients) with a comprehensive description of what they can expect from a trained respiratory physiotherapist.

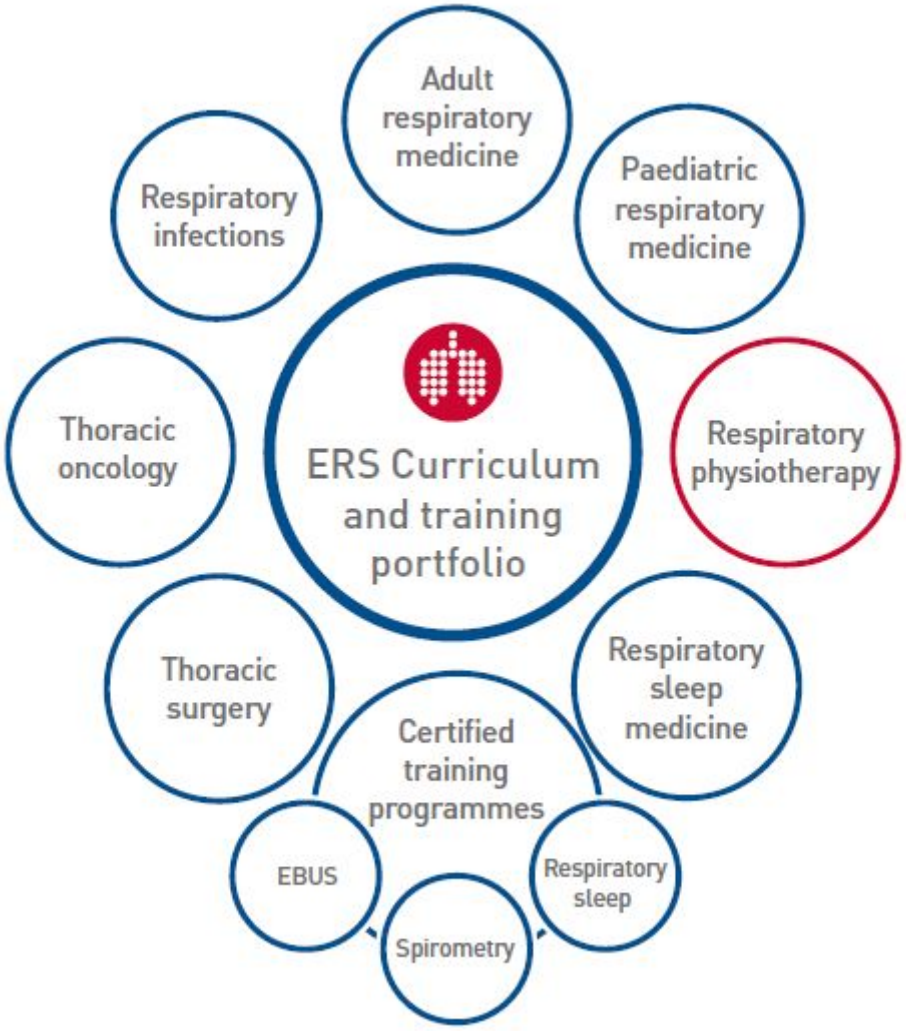

Figure 1: Overview of the portfolio of curricula and certified training programmes which have been developed by the ERS or are underway. See https://www.ersnet.org/professional-development/ers-curriculum-design-a-summary-of-projects for more information and relevant publications.

Physiotherapy is becoming more and more specialised. In several countries respiratory physiotherapy is a recognised subspecialty of physiotherapy. In Belgium, for example, six particular competencies are recognized today [6] and the list is growing. These include for example a particular competency in manual therapy, paediatric conditions, and respiratory physiotherapy. In the US, nine specialties are recognized by the American Physical Therapy Association (APTA). It is therefore no surprise that other branches of physical therapy have undertaken similar efforts to provide a standard set of expected knowledge, skills, and

attitudes. In the speciality of Orthopaedic Manipulative Therapy such a curriculum (or standard) exists since 1977 [7]. The APTA recognizes a 'cardiopulmonary physical therapist', and has a residency programme in accredited centres [8] as well as a formal exam for accreditation as a cardiorespiratory physical therapists.

The ERS Respiratory Physiotherapy curriculum sets a new standard for post-graduate respiratory physiotherapy education. It was developed to promote evidence based practice and physical skills for the respiratory physiotherapist, but also incorporates the expectations of other health care professionals who were involved in the development. The syllabus and curriculum are tailored to the needs of physical therapists that completed their physical therapy training (or training in rehabilitation sciences) according to the standards set out by the World Confederation of Physical Therapy (WCPT) [9]. This is important as it is expected that all respiratory physiotherapists should comply with the general professional attitudes required from a trained physiotherapist at entry level. These attitudes encompass accountability, humanity compassion/caring, cultural competence, ethical behaviour, integrity, personal and professional development, professional duty, social responsibility and advocacy, and teamwork [9].

Admittedly, the curriculum developed by the task force sets the bar high, both in terms of knowledge needs, as well as with regards to the skills and attitudes required from a professional. Conscious of the high standards, the curriculum is modular, with a separate adult and paediatric track, and additional modules for intensive care. This choice was made in order to accommodate the clinical reality of subspecialized professionals who are oftentimes dealing with very specific patient populations and those that may only treat adults or paediatrics.

Respiratory physiotherapists are professionals who collaborate within multidisciplinary teams and the success of their actions is often measured by the success of the whole team. The developed curriculum fits nicely with the 'description of physical therapy' provided by the World Confederation of Physical Therapy. This description highlights the competences of the physiotherapist in 1) undertaking and evaluating the findings of examinations and assessments, 2) formulating a diagnosis, prognosis and treatment plan within their field of

expertise, 3) providing consultation and determining when clients need to be referred to another professional, 4) implementing a physical therapy intervention, 5) determining the outcomes for such an intervention and 6) making recommendations for self-management (Description of Physical Therapy WCPT 2017).

The present curriculum contains not only items that need to be 'known' by respiratory physiotherapists, but, also includes the skills and attitudes that can be expected from respiratory physiotherapists. In addition, suggested forms of teaching as well as methods for assessment are proposed. Though recognisably difficult, whenever possible suggestions are made for minimal clinical training or exposure. This may prove to be the 'weak spot' of the present curriculum. While it is clear that clinical exposure is necessary to provide proper patient care, the exact quantity of that exposure is variable and hard to grasp. Nevertheless, whenever possible, based on educational experience and validated by the expert reviewers, a best guess was made for relevant clinical exposure. As it stands now, the proposed curriculum provides educators with a blueprint for teaching, skills training and practical training.

The curriculum is broad and spans the areas previously laid out in the syllabus [2]. The latter was developed with direct input from a large panel of worldwide experts. Similarly, both the adult and paediatric tracks of the curriculum have been subject to peer review to ensure acceptability and credibility. Upon publication, members of the European Respiratory Society will be able to provide input to the curriculum as it is seen as a dynamic document that can, and should, be adapted over time.

In the document, all aspects of respiratory therapy are included. This does not mean that it is exclusivity for respiratory physiotherapists. In different countries several health care professionals may have specific competencies. For example, this is true for exercise training, non-invasive mechanical ventilation or mechanical ventilation. It is therefore important to align the local/regional requirements and local legal arrangements. In any case, physiotherapists have the competences to set-up fruitful interdisciplinary collaborations and this is also made clear throughout the document.

The next steps are now to compare the content of the curriculum with existing educational programmes in different countries and to then subsequently align the educational opportunities of the European Respiratory Society with the curriculum and establish accredited centres where practical skills training as well as clinical training can be performed. Leadership of the European Respiratory Society Group 9.2 (Physiotherapy) is committed to set out a path towards implementation and acceptance of the curriculum so that it can become an international standard for training in respiratory physiotherapy. Since accreditation of physiotherapists (as it is with other health care specialists) is organised at a country level, the ambition of ERS is not to provide a certificate for accreditation. Rather, the idea is to organise modules that individual members can use as part of their own portfolio to seek recognition as a respiratory physiotherapy specialist within their own accreditation environment, or an environment they wish to transfer to as part of health care professionals' mobility.

The current syllabus and curriculum will provide a framework for international training in respiratory physiotherapy. It advises what knowledge, skills and attitudes need to be mastered by a respiratory physiotherapist. It also provides an indication for clinical training time, different forms of learning and examination. The syllabus and curriculum contain the elements around which an E-portfolio can be built and it sets out a benchmark for endorsement of educational opportunities organized by others as well as the ERS. The expert group now invites the respiratory physiotherapy community to verify the proposed curriculum against their own. As this is a dynamic document, feedback is surely welcome. Further, within the Scientific Group 9.2 (Physiotherapy) this project is now managed in order to exploit the curriculum to the benefit of all its members.

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